

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
David Owens

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 9/10/14

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

New York City, Police Department of
New York City, Housing Bureau Police
Service Area 6, John Doe

**AMENDED
COMPLAINT**

under the Civil Rights Act,
42 U.S.C. § 1983

Jury Trial: ☒ Yes ☐ No
(check one)

14 Civ. 966 (KBF)?

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

David Owens

ID#

3491400397

Current Institution

Eric M. Taylor Center, C-76

Address

Riker's Island, 1010 Hazen Street, East Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

New York City

Where Currently Employed

Address

SEP 10 2014

PRO SE OFFICE

Defendant No. 2

Name Police Department of New York City
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name Housing Bureau Police Service Area 6?
 Where Currently Employed _____
 Address 2770 Frederick Douglass Boulevard, N.Y.
N.Y. 10039-3025

Who did
what?

Defendant No. 4

Name John Doe Shield # !
 Where Currently Employed Housing Bureau Police Service Area 6?
 Address 2770 Frederick Douglass Boulevard, N.Y.
N.Y. 10039-3025

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

7-24-2012

D. Facts: _____

What
happened
to you?

D. Facts:

What happened to you?

On the date 7-24-2012, I was stopped by a number of Police Officers on 145 Street in Manhattan, New York between Lenox Avenue and Broadway. I think that I maybe was in handcuffs on the sidewalk at the time that my face was forced to the ground causing a tooth of mine to hit the pavement. I suppose that significant, substantial damage perhaps was done to that tooth in that event.

Who did what?

I guess that cameras possibly were in the area, and that they might have made the video record of what happened.

Was anyone else involved?

I guess that the Police Officer which I think maybe used excessive force on me perhaps was in the Housing Bureau Police Service Area 6...

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I conjecture that damage maybe was done to a tooth of mine in the event. I surmise that ~~injury~~ mental illness maybe was - at least - a part of the cause of the absence of dental care, or medical treatment on the date 7-24-2012.

On Thursday, 1-23-2014, in the Brooklyn Detention Complex, I submitted to the clinic of the jail a request for dental care...

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

The event of the claim did not happen in a jail, or
in a prison.

2. If you did not file a grievance but informed any officials of your claim, state who you

informed when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want to receive one million dollars for the damage which I think possibly was done to a tooth of mine in the event, and for the pain, and suffering which were of the physical ~~and~~ nature, and the mental type...

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No ____

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff David Owens
Defendants NEW YORK CITY

2. Court (if federal court, name the district; if state court, name the county) Manhattan

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit 10-20-2013

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

A person of the Supreme Court, Civil Branch at 60 Centre Street in Manhattan, New York said to me that the documents ~~which I tried to mail to that court to start the lawsuit~~ were not received in that court.

I wrote a letter to the clerk of that court for me to get the form for the motion to request more time for me to start the lawsuit.

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of September, 2014.

Signature of Plaintiff

David Owens

Inmate Number

3491400397

Institution Address

Eric M. Taylor Center (E.M.T.C.),
C-76, 1010 Hazen Street, East
Elmhurst, N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of September, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

David Owens



Insurance: Medicaid

Appointment Facility: Brooklyn Detention Center

OWENS, DAVID

NYSID: 05325148Y BookCase: 3491400397

Facility Code: BKDC Housing Area: 8LA

46 Y old Male, DOB: 03/03/1967

HOMELESS, NY, NY-10000

Home: 000-000-0000

01/31/2014

Appointment Provider: Dental, BKHD

Current Medications

Miconazole Nitrate 2 % Cream apply Twice a Day, stop date 03/31/2014
 Clotrimazole 1 % Solution apply Twice a Day, stop date 03/31/2014
 Lac-Hydrin 12 % Lotion apply Twice a Day, stop date 03/31/2014

Past Medical History

Chickenpox
 Seizures
 Residual schizophrenia NOS
 Cocaine abuse, continuous
 Depression with anxiety
 Cannabis abuse, continuous
 CANNABIS ABUSE-CONTIN
 Amphetamine abuse, episodic
 Amphetamine abuse, episodic
 Cocaine dependence, continuous
 Phencyclidine abuse
 Phencyclidine abuse
 Likely SPMI - YES
 Anxiety state, unspecified
 Anxiety state, unspecified
 Likely SPMI - YES
 Likely SPMI - YES
 Likely SPMI - YES
 MENTAL PROBLEMS NEC
 Adjustment disorder with mixed anxiety and depressed mood
 Cocaine abuse, continuous
 Likely SPMI - YES
 Likely SPMI - YES
 Cocaine dependence, unspecified abuse
 Cocaine dependence, unspecified abuse
 Antisocial personality disorder
 Depressive disorder, not elsewhere classified
 ETOH [Ethanol] abuse NOS
 PCP [phencyclidine] abuse
 Hallucinogen abuse, unspecified
 Cannabis dependence, episodic abuse
 Cocaine abuse, continuous
 Cocaine abuse, continuous
 Unspecified personality disorder
 SPMI - YES
 SPMI - YES
 Polysubstance dependence

Allergies**Reason for Appointment**

1. MD
2. Front tooth

History of Present Illness**Dental Exams:****GENERAL DENTISTRY PROCEDURES**

Exams: Yes

Oral Cancer Screenings: Yes

Examination**General Examination:**

ORAL CAVITY: TEETH:, swollen gums, missing tooth/teeth.

Assessments

1. Dental examination - V72.2 (Primary)
2. Dental Class II Restorative and/or Periodontal Treatment Indicated - R1301

Treatment**1. Dental examination**

Limited oral exam// cc: asked for exam of upper front teeth// 1 PA xray// tooth #8 is missing, tooth #9 is a cross bite relationship to lower teeth// #9 has mobility and the xray shows a widened periodontal ligament space along the mesial side of the root and a fractured mesial facial incisal edge of tooth ~ 2mm // perio: poor oral hygiene- tartar buildup// next visit -cleaning.

Disposition: General Population

Notes: none

Appointment Provider: Dental, BKHD

Patient: OWENS, DAVID DOB: 03/03/1967 Progress Note: Dental, BKHD 01/31/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)